

Fill in this information to identify the case:

Document Page 1 of 4

Debtor 1 Julie Ann Barrett
 First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the District of Massachusetts

Case number: 18-13631-MSH

U.S. BANKRUPTCY COURT

2021 APR -9 P 3:50

Form 1340 (12/19)**AMENDED APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$1,154.79
Claimant's Name:	Julie Ann Barrett
Claimant's Current Mailing Address, Telephone Number, and Email Address:	Julie Ann Barrett C/O Spring Solutions, LLC P.O. Box Glen Burnie, MD 21060
Reason Funds Were Not Received by Claimant	Debtor moved and was unaware of the unclaimed funds.

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (check the statements that apply):

- ☐ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☒ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation, including separate affidavit, with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney Document Page 2 of 4

☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

U.S. Attorney for the District of Massachusetts
1 Courthouse Way, Suite 9200
Boston, MA 02210

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 3/31/21

Signature of Applicant

Marguerite Porter
Printed Name of Applicant Managing Member
Spring Solutions LLC

Address: P.O. Box 334
Chester, MD 21000

Telephone: 410.760.5841

Email: SpringSolutions11@gmail.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF Maryland

COUNTY OF Anne Arundel

This Application for Unclaimed Funds, dated 3/31/21 was subscribed and sworn to before me this 31 day of March, 2021 by

Marguerite Porter
who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public

My commission expires: 4/15/22

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public _____

My commission expires: _____

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MASSACHUSETTS(BOSTON)

In Re: Julie Ann Barrett

Debtor

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Case No. 18-13631-MSH

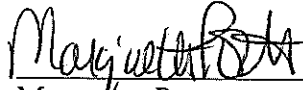
Chapter 13

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 31st day of March, 2021, a copy of the foregoing Amended Application of Payment of Unclaimed Funds and all attachments was served by first class mail, postage, prepaid, by hand delivery, and/or electronic case filing system to:

U.S. Attorney
1 Courthouse Way, Suite 9200
Boston, MA 02210

Date: 3/31/2021


Marquette Porter
Managing Member of
Spring Solutions, LLC
P.O. Box 334
Glen Burnie, MD 21060
(410) 760-5841
springsolutionsllc@gmail.com

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MASSACHUSETTS(BOSTON)

In Re: Julie Ann Barrett

*

Case No. 18-13631-MSH

*

Debtor

*

Chapter 13

ORDER APPROVING AMENDED PAYMENT FOR UNCLAIMED FUNDS

It appearing that the funds from an uncashed dividend check in the amount of \$1,154.79 made payable to Julie Ann Barrett, a debtor in this case, were deposited with the United States Treasury and credited to the Unclaimed Funds Account of this Court, and that the proper recipient for said funds having now been located by the Petitioner, Spring Solutions, LLC.

IT IS HEREBY ORDERED that the Clerk of the Bankruptcy Court shall disburse said funds on deposit with the Treasury of the United States to the claimant herein in the amount specified above to:

Julie Ann Barrett
C/O Spring Solutions, LLC
P.O. Box 334
Glen Burnie, MD 21060

Dated:

BY THE COURT

United States Bankruptcy Judge